

Name: _____

Social Security Number: _____

EXHIBIT 4

To: AMTRAK MW SETTLEMENT FUND

JOB RELIEF ELECTION FORM

TODAY'S DATE: _____, 2000

PLEASE REVIEW CAREFULLY ALL INFORMATION ON THE ADDRESS LABEL BELOW THIS DIALOG BOX. IF ANY OF THE INFORMATION ABOUT YOUR NAME, ADDRESS OR SOCIAL SECURITY NUMBER ON THE ADDRESS STICKER IS MISSING, OUTDATED, OR INACCURATE IN ANY WAY, PROVIDE THE CORRECT INFORMATION BELOW IN RESPONSE TO QUESTIONS 1, 2, 3, AND 9.

IF ALL OF THE INFORMATION ON THE ADDRESS LABEL BELOW IS COMPLETE, CURRENT, AND CORRECT, CHECK THIS BOX: ☐

(Please print clearly or type.)

1. NAME: _____
(First) (Middle) (Last)
2. STREET ADDRESS: _____ APT. NO. _____
3. CITY: _____ STATE: _____ ZIP CODE: _____
4. HOME PHONE (INCLUDE AREA CODE): _____
5. WORK PHONE (INCLUDE AREA CODE): _____
6. DATE OF BIRTH: _____ / _____ / _____
(Month) (Day) (Year)

Name: _____

Social Security Number: _____

7. RACE: _____

8. SOCIAL SECURITY NUMBER: _____

9. If your name has changed since you were employed by, or applied to, Amtrak, what was your name when you left Amtrak's employment, or filed your application or resume for employment?

10. I elect to pursue the Job Relief process as a means of (check one or more):

- ☐ Getting reinstated because I was discriminatorily fired.
- ☐ Getting retroactive seniority on a specific seniority roster because:
- I was discriminatorily denied the opportunity to qualify for the roster,
- A white employee was improperly qualified in advance of me, or
- As a consequence of the preferential treatment of the white employee, he got a senior placement on the roster and bypassed me for better job(s); and, I later was given the opportunity to be tested, and passed, thereby demonstrating my ability to be qualified in the first instance.

11. If the basis for your claim for Job Relief is discriminatory denial of an opportunity to qualify between January 1, 1995 and May 5, 2000, explain on a separate sheet of paper the circumstances giving rise to the claim in as much detail as possible, including to the extent you know:

- the date the qualifications opportunity was denied
- the names and races of the managers involved
- your job title at the time of the discriminatory denial
- the specific qualifications testing that you sought
- if appropriate, the specific job opening for which the qualifications certification was necessary
- the race of any person who was qualified before you as a consequence of the discriminatory denial, and if appropriate, whether they were selected for a better position as a consequence of the preferential treatment
- the relative qualifications of that person and you
- all reasons for believing that you were denied the opportunity to qualify based on your race
- and the date that you were ultimately granted the opportunity to qualify and whether you passed.

12. If the basis for your claim for Job Relief is discriminatory denial of a qualifications opportunity, list which answers in your monetary Claim Form relate to this claim: _____.

13. If the basis for your claim for Job Relief is discriminatory termination of your employment between January 1, 1995 and May 5, 2000, explain on a separate sheet of paper the circumstances giving rise to the claim in as much detail as possible, including to the extent you know:

- the date of your termination
- Amtrak's explanation as to why you were terminated
- whether or not you had a positive drug test, or were accused by Amtrak of actual violence
- the names and races of the managers involved
- your job title at the time of the termination
- any warnings or other disciplinary actions that you received prior to your termination
- information regarding white employees who were not terminated for similar offenses

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- all reasons for believing that you were terminated for discriminatory reasons, including any evidence that you believe demonstrates that the decision-makers engaged in discrimination against you or other African Americans at Amtrak generally
- whether you filed a grievance, and if so, explain when and the extent to which you pursued the grievance and its outcome of the grievance.

14. If the basis for your claim for Job Relief is discriminatory termination, list which answers in your monetary Claim Form relate to this claim: _____

15. I understand that I do not have to participate in the Job Relief process in order to participate in the settlement and that if I choose to do so, my monetary award from the Amtrak Settlement Fund will be decreased as set forth in the instructions for filing this form (see instructions).

☐ Yes

16. If I was terminated from my position and at the time I was still a probationary employee, I understand that by pursuing this Job Relief claim, I will be able to pursue monetary relief based only on my contributions to the case.

☐ Yes

17. I previously filed a charge of discrimination and/or lawsuit based on my race or color against Amtrak in connection with any employment action for which I am seeking Job Relief on this Claim Form:

☐ Yes (if yes, attach copies with this claim) ☐ No

If yes, describe the forum and what the judge, jury or hearing officer determined: _____

If yes, I received the following award of money and/or Job Relief as a result of that charge or lawsuit:

I AFFIRM, UNDER THE PAIN AND PENALTY OF PERJURY IF I AM UNTRUTHFUL, THAT THE FACTS I HAVE STATED IN THIS JOB RELIEF ELECTION FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF CLAIMANT

DATE

Name: _____

Social Security Number: _____

I CONSENT AND AGREE TO ALLOW ACCESS TO ANY CONFIDENTIAL PERSONAL INFORMATION, INCLUDING MY PERSONNEL FILE, TO ANY EMPLOYEE OF SPRENGER & LANG IN CONNECTION WITH ITS INVESTIGATION OF THE ACCURACY OF THE FACTS REPRESENTED IN THIS FORM. I UNDERSTAND THAT SPRENGER & LANG WILL HAVE ACCESS TO BOTH INFORMATION IN AMTRAK'S FILES AS WELL AS THE FILES OF THE BMW. I UNDERSTAND THAT I MUST KEEP SPRENGER & LANG INFORMED ABOUT ANY CHANGES IN MY HOME ADDRESS. IF I DO NOT DO SO, I UNDERSTAND THAT I MAY NOT BE ABLE TO PARTICIPATE IN THE JOB RELIEF PROCESS EVEN THOUGH I MIGHT OTHERWISE HAVE BEEN ENTITLED TO.

SIGNATURE OF CLAIMANT

DATE